



RCE

RCE/3712 #

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

**BOX RCE**

Commissioner of Patents  
Washington, D.C. 20231

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000,  
provides for continued examination of an utility or  
plant application filed on or after June 8, 1995

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/440,690        |
| Confirmation Number  | 3299              |
| Filing Date          | November 16, 1999 |
| First Named Inventor | Frank HAGEBARTH   |
| Group Art Unit       | 3712              |
| Examiner Name        | Fernstrom, K.     |
| Matter Number        | Q56494            |

|       |   |
|-------|---|
| Title | A PROCESS FOR THE AUTOMATIC<br>CREATION AND MONITORING OF A<br>PROGRESS PLAN FOR A TRAINING<br>COURSE BY A COMPUTER |
|-------|---|

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114**

- a. ☒ Previously submitted
- i. ☒ Please enter and consider the amendment(s)/reply under 37 C.F.R. § 1.116  
Previously filed  
on May 13, 2002
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_

- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statements (IDS)
- iv. ☒ Petition for Extension of Time
- v. ☐ Other \_\_\_\_\_

06/14/2002 SZEWDIE1 00000014 09440690

01 FC:179

740.00 OP

**BEST AVAILABLE COPY**RECEIVED  
JUN 20 2002  
TECHNOLOGY CENTER #3700**2. MISCELLANEOUS**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a  
period of \_\_\_\_\_ Months
- b. ☐ Other \_\_\_\_\_

**3. FEES**

A check for the RCE statutory fee of \$740.00 is attached. The USPTO is directed and authorized to charge all  
required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any  
overpayments to said Deposit Account. A duplicate copy of this transmittal letter is attached.

**SIGNATURE OF ATTORNEY**Name David A. SumyRegistration No. 50,387Signature Date June 12, 2002

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 1996

Application or Docket Number

**09/440, 690**

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

| FOR                              | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|--------------|
| BASIC FEE                        |              |              |
| TOTAL CLAIMS                     | minus 20 =   | *            |
| INDEPENDENT CLAIMS               | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |              |

**SMALL ENTITY**

OR

**OTHER THAN SMALL ENTITY**

| RATE   | FEE    |
|--------|--------|
|        | 385.00 |
| x\$11= |        |
| x40=   |        |
| +130=  |        |
| TOTAL  |        |

OR

OR

OR

OR

OR

| RATE   | FEE    |
|--------|--------|
|        | 770.00 |
| x\$22= |        |
| x80=   |        |
| +260=  |        |
| TOTAL  |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

**SMALL ENTITY**

OR

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| x\$11=           |                |
| x40=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

OR

OR

OR

OR

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| x\$22=           |                |
| x80=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT B |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| x\$11=           |                |
| x40=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

OR

OR

OR

OR

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| x\$22=           |                |
| x80=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT C |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| x\$11=           |                |
| x40=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

OR

OR

OR

OR

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| x\$22=           |                |
| x80=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.